



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

MICHAEL C. MAIER
7401 S MAIN
HOUSTON TX 77030

Respondent Name

TRAVELERS INDEMNITY CO OF CONN

Carrier's Austin Representative Box

Box Number 05

MFDR Tracking Number

M4-11-2958-01

MFDR Date Received

MAY 3, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "In this case it is not a simple closure due to surgical exposure, but a complex closure that includes excision of hypertrophied keloid scar which has projected above the surface of the skin and formed mounds of scar tissue. The removal of which results in skin closure which is above and beyond the normal surgical exposure closing. Hence the removal of keloid scar and skin closure is beyond what is typically done for the skin repair of surgical incision."

Amount in Dispute: \$546.46

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Provider removed the plate and screws (CPT code 20680), and excised keloid scar tissue as part of the wound closure. The Provider billed the Carrier for both codes. The Carrier issued reimbursement for the primary procedure, CPT code 20680, but denied reimbursement for the separate billing of the wound closure, as this procedure was included in the reimbursement for the primary procedure...The Carrier contends the Provider is not entitled to additional reimbursement."

Response Submitted by: Travelers

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 3, 2010	CPT Code 13121-59-LT	\$546.46	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.203, titled *Medical Fee Guideline for Professional Services*, set out the fee guidelines for the reimbursement of workers' compensation professional medical services provided on or after March 1, 2008.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- 97-Payment is included in the allowance for another service/procedure. This procedure is considered integral to the primary procedure billed.
- 97-Payment is included in the allowance for another service/procedure. Included in global reimbursement.

Issues

1. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §134.203(b)(1), states "(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

For the disputed date of service, the requestor billed CPT codes 20680-LT and 13121-59-LT. The respondent denied reimbursement for CPT code 13121-59-LT based upon reason denial code "97."

CPT code 13121 is defined as "Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm)."

Per NCCI edits, CPT code 13121 is a component of code 20680; however a modifier is allowed in order to differentiate between the services provided. The requestor attached modifier "59 Distinct Procedural Service" to code 13121.

The "59" modifier is defined as "Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services, other than E/M services, that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used."

The requestor did not support the use of modifier "59"; therefore, reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

07/17/2013
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.